

**Letter to the Editor: Infectious Mononucleosis and Cholestatic Hepatitis****Carta ao Editor: Mononucleose Infecciosa e Hepatite Colestática****Keywords:** Cholestatic Hepatitis/diagnosis; Infectious Mononucleosis**Palavras-chave:** Hepatite Colestática/diagnóstico; Mononucleose Infecciosa

Dear Editor,

Recently, Salgado C *et al* described in this journal an uncommon condition in a 14-year-old female, which is cholestatic hepatitis caused by Epstein-Barr virus infection.<sup>1</sup> Her jaundice was noticed in the third day of treatment with amoxicillin because of fever, odynophagia and lymphadenopathy, further associated with infectious mononucleosis.<sup>1</sup> Blood tests and abdominal imaging revealed cholestatic hepatitis, hepatosplenomegaly with normal bile ducts, viral capsid antigen (IgM and IgG) positive, whereas the early antigen and Epstein-Barr nuclear antigen were negative.<sup>1</sup> The diagnostic confirmation was based on serological controls showing reduction in the IgM and elevation in the IgG levels, and conversion of Epstein-Barr nuclear antigen.<sup>1</sup>

The authors emphasized the levels of direct bilirubin (6.3 mg/dL),  $\gamma$ -glutamyl transpeptidase (173 IU/L), alkaline phosphatase (488 IU/L), lactate dehydrogenase (872 IU/L) and aminotransferases (245 and 294 IU/L), indicative of mixed hepatic injury.<sup>1</sup> Worthy of note, the total leukocyte count was 22100/ $\mu$ L, with 89.6% lymphocytes. With symptomatic management the evolution was favorable, and there

was complete clinical recovery after six weeks.<sup>1</sup> They commented that the entire mechanism of cholestatic hepatitis, as well as the absence of hepatocellular necrosis and spontaneous recovery of affected patients remains unknown.<sup>1</sup> The inclusion of infectious mononucleosis among the differential diagnosis of acute cholestatic hepatitis in young people was also suggested in similar clinical settings.<sup>1</sup>

Comments are herein added about the case described in 2013 of a 21-year-old male with cholestatic hepatitis due to infectious mononucleosis, before use of any medicine.<sup>2</sup> The patient had jaundice, hepato-splenomegaly, pharyngitis, lymph node enlargement, and facial and neck edema. Blood tests showed indicative findings of mixed hepatic injury: direct bilirubin (12.9 mg/dL),  $\gamma$ -glutamyl transpeptidase (413 IU/L), alkaline phosphatase (260 IU/L), and aminotransferases (697 and 619 IU/L).<sup>2</sup> Total leukocyte count was 19830/ $\mu$ L, with 58.9% lymphocytes. Serological test controls were consistent with acute infection by Epstein-Barr virus (IgM: 70 and 29 IU/mL; IgG: 25 and 156 IU/mL).<sup>2</sup> He was successfully managed with clinical and nutritional support, as well as symptomatic treatment. Since there was clinical improvement, he was discharged on Day 15.<sup>2</sup> The authors highlighted that in acute infectious mononucleosis, aminotransferases may be moderately elevated in 80% to 90% and alkaline phosphatases in 60%; discrete elevations of bilirubin occur in 45%, whereas jaundice is found in only 5% of patients.<sup>2</sup>

In both case studies, the major differential diagnoses were ruled out and definite etiology was consistently established without the need of costly or invasive procedures.<sup>1,2</sup>

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Recebido: 03 de janeiro de 2018 - Aceite: 05 de janeiro de 2018 | Copyright © Ordem dos Médicos 2018

<https://doi.org/10.20344/amp.10173>**Carta ao Editor. Antagonistas da Vitamina K em Hemodiálise: Será o Benefício Superior ao Risco?****Letter to the Editor. Use of Vitamin K Antagonists in Patients on Hemodialysis: Is Benefit Greater than the Risk?****Palavras-chave:** Calcificação Vascular; Doença Arterial Periférica; Hemodiálise; Vitamina K/antagonistas & inibidores**Keywords:** Peripheral Arterial Disease; Renal Dialysis; Vascular Calcification; Vitamin K/antagonists & inhibitors

A utilização de antagonistas da vitamina K em doentes em hemodiálise é alvo de controvérsia, nomeadamente, na prevenção primária em doentes com fibrilhação auricular não valvular.<sup>1</sup> Nos doentes em hemodiálise os antagonistas da vitamina K foram associados a maior número de acidentes vasculares cerebrais, nomeadamente hemorrágicos.<sup>2,3</sup> Adicionalmente, os antagonistas da vitamina K têm vindo a ser associados a maior risco de calcificação vascular nos doentes em hemodiálise por um mecanismo que se crê relacionado com a redução da atividade da proteína Gla da matriz. A ação desta proteína é dependente da vitamina K, cujos níveis se encontram naturalmente deficitários nos doentes em hemodiálise.<sup>4</sup>